

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/27/2012	
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING				STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for the Investigation of Complaint IN00109984.</p> <p>Complaint IN00109984 substantiated, State Residential finding related to the allegations is cited at R214.</p> <p>Survey date: June 26, 27 2012</p> <p>Facility number: 000191 Provider number: 155294 AIM number: 100267690</p> <p>Survey team: Charles Stevenson RN</p> <p>Census bed type: SNF: 59 Residential: 28 Total: 87</p> <p>Census payor type: Medicare: 30 Other: 57 Total: 87</p> <p>Sample: 3</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 6/28/12</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Cathy Emswiller RN						

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R0214	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on interview and record review, the facility failed to ensure a preadmission assessment was completed as required by State Regulation and facility policy prior to admitting 1 resident (Resident B) to the facility's secured dementia unit of 3 residents' reviewed for admission procedures.</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 6/26/12 at 11:00 a.m.</p> <p>Diagnoses included, but were not limited to, Alzheimer's Disease, anemia, Parkinson's Disease, hypertension, and diverticulitis of the colon.</p> <p>Resident B's record contained no Pre-Admission Assessment.</p> <p>During an interview with Resident B's Power of Attorney and Health Care Representative on 6/26/12 at 2:45 p.m., she indicated in a recent care plan</p>			R0214	<p>Responses to the finding does not constitute an admission or agreement by the facility of the truth of the alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law.</p> <p>In response to the cited alleged deficiency R214, the following:</p> <p>A) With respect to what corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice: Resident B subsequently moved to an unsecured assisted living building.</p> <p>B) With respect to how other residents</p>		07/10/2012

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	<p>meeting the facility advised her no pre-admission assessment had been done prior to admitting Resident B to the facility's secured dementia unit, he was inappropriately placed in this unit, and his needs could be better met in an Assisted Living facility. She indicated she agreed with this and plans were being made to transfer Resident B to an Assisted Living facility.</p> <p>During an interview with the Administrator and Memory Care Director on 6/27/12 at 9:30 a.m., both indicated no pre-admission assessment as defined by facility policy had been done for Resident B prior to his admission to the facility. The Administrator indicated it was facility policy to assess all residents prior to admission and this should have been done for Resident B prior to admission to the facility.</p> <p>A facility policy titled "Admission and Screening" dated 12/02/01 and received from the Administrator on 6/17/12 at 10:00 a.m. indicated:</p> <p>"1.0 Purpose: To insure that all residents placed on the Alzheimer's Dementia and Related Disorders Unit are placed appropriately, and meet the Five Star criteria for admission to the unit.</p>		<p>having the potential to be affected by the same alleged deficient practice will be identified and what corrective action will be taken:</p> <p>The Bridge to Rediscovery Director and Administrator will audit all of the current residents for proper pre-admission documentation per Five Star policy (exhibit A)</p> <p>C) With respect to what measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur:</p> <p>The Bridge to Rediscovery Director, LPN will utilize the Secured Unit Admission Criteria Review form. (Page 3 of exhibit A) prior to all admission and reviewed by our Regional Director of Health if required to Ensure all future admissions meet appropriate Criteria per policy.</p> <p>D) With respect to how the corrective action</p>				

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	<p>2.0 Program Guidelines:</p> <p>2.1 Pre-Admission screening...</p> <p>3. All residents referred to the unit must be screened prior to acceptance with an on site visit by the Program Director, or designee using both the Application/Assessment form and the pre-admission assessment form to insure that the potential resident meets criteria for the unit.</p> <p>4. The on site assessment/screening includes, but is not limited to:</p> <p>a. Meeting, interviewing, and physically screening the resident.</p> <p>b. Reviewing the medical record, nursing notes, medications, diagnostic test results, and progress notes.</p> <p>c. Interviewing family members regarding behavior and condition.</p> <p>d. Ensuring that the family is aware of the unit's philosophy, goals, and process of care and approves of it..."</p> <p>This state residential tag relates to complaint #IN00109984.</p>				<p>will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>All further admissions to our Bridge to Rediscovery Neighborhood will be reviewed and monitored by the Administrator for complete compliance. To be ongoing. All Admissions personnel will be in-serviced to Five Star Bridge to Rediscovery admission policies as well as State Regulations. (exhibit B)</p> <p>E) Date of compliance with proposed actions: July 10, 2012</p>		